20, and the head of the fetus had engaged in all but 8. The reason for attempting induction was moderately contracted pelvis or an impending toxemia. All the multiparæ were due at date excepting 28. In 20 of these patients the head had not engaged; induction was attempted because of toxemia or because the patient was going over time. The writer believes that this method is successful in about half of the cases. With these patients labor should be carefully watched, for occasionally the uterus contracts violently. If mother or child seems to be in distress the obstetrician should interfere at once. Quinine should be stopped as soon as there is evidence of cinchonism. This method is apt to be most successful when the patient is at full term or a little past, when the head is engaged in the pelvic brim and when the uterus is irritable. The mechanism of labor induced in this manner results from irritation by the castor oil on the sympathetic centers with increased peristalsis; and increase of the rhythm and muscle tone produced by the quinine acting directly on the uterine muscle.

Rupture of the Uterus through a Cesarean Scar.—GRAHAM (*Jour. Obst., British Empire,* 1922 29,) reports the case of an elderly primipara on whom he had performed a Cesarean section. A little more than a year later a pregnancy occurred and the induction of premature labor was attempted by the insertion of bougies. The pelvic contraction was not excessive, and it was hoped that vaginal delivery could be affected. As pains had not developed this treatment was abandoned, a Cesarean section performed, securing a living child. On this occasion the uterus was closed by two layers of continuous iodine-catgut sutures, and uninterrupted recovery followed. Two years later another pregnancy occurred and the advice was given to have Cesarean section with sterilization of the patient, as her general health was not good. Six weeks before term the patient was brought to hospital because of severe abdominal pain and profuse bleeding from the vagina. No fetal heart sounds were heard, but the child was unusually mobile. On opening the abdomen the uterus was found ruptured with the fetus and placenta free in the abdominal cavity. The patient recovered with hysterectomy. On examining the muscle of the uterus there was a general fibrosis. At the site of the last incision healing had been imperfect in the deeper two-thirds of the scar. The granulation tissue was cellular, vascular, and imperfectly organized. The epithelium of the endometrium had grown into the scar, showing that union had never occurred in the deeper tissues.

Twin Pregnancy and the Diagnosis of Superfetation.—CALDERINI (*Annali di Ostetricia,* January, 1922, p. 1) has studied a case of twin pregnancy and the possibility of diagnosing superfetation. He investigated the centers of ossification and also the placenta, which was one large placenta with two cords, and the two amniotic sacs divided by a partition. The paper has several good illustrations, showing the structure of the placenta and roentgen-ray examination of the skeleton. He finds that a positive statement regarding superfetation is difficult to make. All of the factors in the case must be thoroughly studied, and he believes that all data should be collected by clinics, so that they can be compared in the reporting of various cases. Evidently

greater study is required in the physiology of fecundation, before a positive diagnosis of superfetation can be made. (In this connection the reader's attention may be called to a recent paper by RADASCH, *Surg., Gynec. and Obst.*, April 1, 1921, p. 339.)

Blood-pressure in Pregnancy.—Normal blood-pressure of pregnant women has been studied by LITZENBURG, (*International Clinics*, 1921, 4). His series of cases numbered 524. Illustrative cases are cited, and the writer concludes that the normal systolic blood-pressure in pregnant women is from 100 to 130 mm., and not from 100 to 150 mm. as quoted by various writers. The normal diastolic pressure is from 60 to 85; and the normal pulse pressure from 30 to 50. Pressure above these averages indicates a pathological condition and demands close observation of the patient. In 30 per cent of these cases there was an increase of blood-pressure during pregnancy, and in 21 per cent a decrease; while low blood-pressure does not indicate that shock is inevitable, it points to a depressed condition of the woman's general health. One pregnant woman in ten had a systolic pressure above 130 and required special attention. In studying the toxemia of pregnancy an increase in blood-pressure is our most valuable sign. Albuminuria is also of great importance, but a high blood-pressure is present earlier than albuminuria. Where the tension increases, it forms a system of great value. All pregnant women whose systolic blood-pressure was above 180 were found to be definitely toxemic. When blood-pressure was above 160, 50 per cent were markedly toxemic; and when between 150 and 160, 35 per cent; when between 130 and 140, 3.5 per cent of patients were markedly toxemic. Other diseases than toxemia and some unknown conditions may cause high tension. The danger of convulsions increases steadily with systolic tension above 160 mm.; convulsions, however, may occur with moderate or low blood-pressure. Eclampsia in most cases can be prevented if pregnant patients are early and frequently examined, and in this examination the study of blood-pressure is of very great importance. This and the examination of the urine is our surest method of diagnosing toxemia.

GYNECOLOGY

UNDER THE CHARGE OF

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Elephantiasis Vulvæ.—In discoursing upon elephantiasis of the vulva, or, as he prefers to call it, the hypertrophic-ulcerative form of